June 13, 2006

Date

PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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JUN 1 5 2006

Effective on 12/8/2004.					Complete if Known			
Fees pursuant to t			ct. 2005 (H.R. 481)	8). Appl	ication Number	09/723	1,501	
FEE TRANSMITTAL					Date	November 28, 2000		
FEE IKANSMIIIAL					Named Inventor	McDysan, et al.		
For FY 2006					niner Name	Gold, A.		
☐ Applicant Claims small entity status. See 37 CFR 1.27					Jnit	2157		
				Cust	omer No.	25537	· · · · · · · · · · · · · · · · · · ·	
TOTAL AMOUNT OF	PAYMENT	(\$) 1,240		Atton	ney Docket No.	RIC00	043	
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: Deposit Account Name:								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING,	SEARCH, AND	EXAMINAT	ON FEES					
·	FILING	FEES Small Entity	SEARCH	FEES nall Entity	EXAMINAT <u>Sn</u>	ION FEE		
Application Type	Fee (\$)	Fee (\$)		ee (\$)		Fee (\$)	Fees Paid (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
<b>Provisional</b>	200	100	0	0	0	0		
2. EXCESS CLAIN	1 FEES						Small Entity	
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent  50 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent  200 100								
Multiple dependent claims  Multiple dependent claims  Multiple dependent claims								
Total Claims	Extra Clain	ns F	ee (\$) <u>F</u> e	ee Paid (\$)	]	Multiple D	Dependent Claims	
36 - 36			550.00 =	\$ 0.00	•	Fee (S	Fee Paid (\$)	
HP = highest number of to	otal claims paid for, if g	greater than 20				\$360	.00	
Indep. Claims	Extra Clain			ee Paid (\$)			· · · · · · · · · · · · · · · · · · ·	
2 -3 or			200.00 = _	\$ 0.00_				
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
0 -100 = 0 /50 = 0 (round up to a whole number) x \$250.00 = \$0.00								
4. OTHER FEE(S)  Fees Paid(\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other: RCE fee \$790 Extension of Time fee (2 months) \$450								
	sion of Time fee	(∠ montns)					Ψ <del>4</del> 00	
SUBMITTED BY						T		
Signature	FE ONE			stration No. ney/Agent)	44658		Telephone (703) 425-8508	

Phouphanomketh Ditthavorg

Name (Print/Type)